

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance, ECEIVED

Commonwealth of Massachusetts		17	le with: City or Town Cler	0 7 rk or Election Commissi
Fill in Reporting Period dates: Beginning D	Date: 01/01/2017	Ending Da	nte: 10/30/2017	ERK
Type of Report: (Check one)  8th day preceding preliminary  8th day precedi	ng election 30 da	y after election	year-end report	dissolution
Steven J. Stanganelli	Steve	Stanganelli Commit	ttee	
Candidate Full Name (if applicable)			Committee Name	
Councilor-at-Large	Kristin	A. Stanganelli		
Office Sought and District			e of Committee Treasurer	
12 Amidon Avenue, Amesbury, MA 01913	<u>12 Am</u>	nidon Avenue, Ames		
Residential Address			mmittee Mailing Address	
E-mail: steve@bostontaxplanners.com	E-mail:	Kris	stin.stanganelli@gmail	1.com
Phone # (optional): (978) 388-0020	Phone #	(optional):	(508) 494-74	88
SUMMARY	Y BALANCE INFO	ORMATION:		
Line 1: Ending Balance from previous	is report		60.	.13
Line 2: Total receipts this period (pa	ge 3, line 11)			70
Line 3: Subtotal (line 1 plus line 2)			130.	.13
Line 4: Total expenditures this period (page 5, line				0
Line 5: Ending Balance (line 3 minu	s line 4)		130.	.13
Line 6: Total in-kind contributions to	nis period (page 6)		<u> V</u>	0
Line 7: Total (all) outstanding liabilities (page 7)			3,605.	.23
Line 8: Name of bank(s) used: The F	rovident Bank			
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules a activity, including all contributions, loans, receipts, expenditures, disbut finance activity of all persons acting under the authority or on behalf of Signed under the penalties of perjury:  FOR CANDIDATE FILINGS ONLY: Affidavit of Cand  Candidate with Committee and no activity independent of the activity, of all persons acting under the authority or on behalf of the incurred any liabilities nor made any expenditures on my behalf due to Candidate without Committee OR Candidate with independent I certify that I have examined this report including attached schedules activity, including contributions, loans receipts, expenditure campaign finance activity of all persons acting under the authority or on behalf of the schedules.	rsements, in-kind contribution this committee in accordance (check 1 box only) committee ales and it is, to the best of my is committee in accordance waring this reporting period.  It activity filing separate repulles and it is, to the best of my area, fisbursements, in kind control of the	ns and liabilities for this e with the requirements of the with the wi	reporting period and repressor M.G.L. c. 55.  signature)  Date:  a true and complete stateme M.G.L. c. 55. 1 have not received a true and complete statemes for this reporting period a	ent of all campaign tina eccived any contribution and represents the
Signed under the penalties of periury:	Han X	(Candidate's	Date	. 1 /

#### SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/02/2017	Charpentier, Kathleen 56 Thompson Street Amesbury, MA 01913	20	
10/13/2017	Sherwood, Jonathan 39 Whittier Street Amesbury, MA 01913	50	
	eipts over \$50 (or listed above) eipts \$50 and under* (not listed above)	20	
	RECEIPTS IN THE PERIOD	70 ←	Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

## SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
			1
		<u> </u>	
Line 9: Total Rece	sipts over \$50 (or listed above)		
Line 10: Total Rec	eipts \$50 and under* (not listed above)		
Line 11: TOTAL	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

#### SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid	Address	Duwnose of Evenendian	A
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
	(1)			
	) h		III K	
	Plant Participants of the Control of	Line 12: Total Expenditures of	over \$50 (or listed above)	
		Line 12. Total Expenditures of	over 550 (or fisted above)	
		Line 13: Total Expenditures \$	50 and under* (not listed above)	
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDI	TURES IN THE PERIOD	

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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## SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	//			
		Line 12: Expenditures ove	r \$50 (or listed above)	
		Line 13: Expenditures \$50	and under* (not listed above)	
	Enter on page 1, line 4		DITURES IN THE PERIOD	

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 6 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		Line 15: In-Kind Contribution	ons over \$50 (or listed above)	0
		Line 16: In-Kind Contribution	ns \$50 & under (not listed above)	0
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND	CONTRIBUTIONS	0

<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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## SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
12/31/2015	Steven Stanganelli	12 Amidon Avenue Amesbury, MA 01913	Campaign Advertising (carried over from 2014 1st Essex State Representative Race)	3,605.23
	Enter on many 1 12 of	Lina 19. TOTAL OUTER	CANDING LIABILITIES (ALL)	3,605.23

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